ID NO. INITIALS POSITION DATE **FEE DETERMINATION** O.I.P.E. CLASSIFIER FORMALITY REVIEW **INDEX OF CLAIMS** Rejected Non-elected Allowed Interference (Through numeral) Canceled Appeal Restricted 0 Objected Date Claim Claim Claim Date Date Original Final 114 115 116 117 118 119 110 111 112 113 114 1.5 116 119 HLO 121 11.2 23 1.3 124 75 82 84

> If more than 150 claims or 10 actions staple additional sheet here